



**MAINE DEPARTMENT OF PUBLIC SAFETY
POLYGRAPH EXAMINER LICENSE**

■ LICENSE RENEWAL APPLICATION

PLEASE COMPLETE THE APPLICATION IN ITS ENTIRETY. PLEASE USE AND ATTACH ADDITIONAL PAGES OF PAPER IF MORE SPACE IS NEEDED TO COMPLETELY RESPOND TO ANY QUESTION IN THE APPLICATION. PLEASE PRINT.

PART I. GENERAL INFORMATION			
1. Name ▶			
	(LAST NAME, FIRST NAME MIDDLE NAME)		
2. Date and place of birth ▶			
3. Residential address ▶			
4. Mailing address ▶			
5. Home telephone number ▶			
6. E-mail address ▶			
7. Name and address of current employer ▶			
PART II. EDUCATION			
8. Have you attended any post-secondary schools since your most recent polygraph examiner application? ▶	<input type="checkbox"/> YES	<input type="checkbox"/> NO (IF "NO" PLEASE GO TO QUESTION 11)	
9. Please list each such school you have attended and the dates of attendance at each school.			
10. Did you graduate from each such school? ▶	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11. Have you ever been suspended, expelled, or subject to formal disciplinary action at any school? ▶	<input type="checkbox"/> YES	<input type="checkbox"/> NO (IF "NO" PLEASE GO TO QUESTION 12-A)	
12. Please explain the reason for each such suspension, expulsion, or formal disciplinary action.			
12-A. Please list the polygraph in-service training hours you have earned during the past 2 years. With your application please forward documentation evidencing that you completed such in-service training.			hours
PART III. MILITARY SERVICE			
13. Have you ever served in the military? ▶	<input type="checkbox"/> YES	<input type="checkbox"/> NO (IF "NO" PLEASE GO TO QUESTION 17)	
14. What is the highest rank you achieved? ▶			
15. Were you dishonorably discharged from the military? ▶	<input type="checkbox"/> YES	<input type="checkbox"/> NO (IF "NO" PLEASE GO TO QUESTION 17)	

16. Please explain the reason that you were dishonorably discharged from the military.		
PART IV. POLYGRAPH EXAMINER LICENSES		
17. Please list each current and past polygraph examiner licenses you have been issued, and the expiration date of each such license.		
18. Have you ever had a polygraph examiner license that you have been issued suspended or revoked, or had administrative action taken against you with respect to any polygraph license you have been issued? ▶	<input type="checkbox"/> YES	<input type="checkbox"/> NO (IF "NO" PLEASE GO TO QUESTION 21)
19. Please state the location and reason for each such license suspension or revocation, or each such administrative action.		
20. Is there currently administrative action pending with respect to any polygraph examiner license you have been issued? ▶	<input type="checkbox"/> YES	<input type="checkbox"/> NO (IF "NO" PLEASE GO TO QUESTION 22)
21. Please state the location and reason for each such pending administrative action.		
22. Has a polygraph examiner license for which you have applied ever been denied? ▶	<input type="checkbox"/> YES	<input type="checkbox"/> NO (IF "NO" PLEASE GO TO QUESTION 24)
23. Please explain the reason for each such denial of the issuance of a polygraph examiner license to you.		
PART V. EXPERIENCE ADMINISTERING POLYGRAPH EXAMINATIONS		
24. Have you ever been employed as a polygraph examiner? ▶	<input type="checkbox"/> YES	<input type="checkbox"/> NO (IF "NO" PLEASE GO TO QUESTION 27)
25. Please list the name, address, and dates of employment at each place of such employment.		
26. Estimated number (or, if known, actual number) of polygraph examinations administered to date: ▶		
PART VI. PROFESSIONAL ASSOCIATIONS		
27. Are you a member of any polygraph, scientific, or professional organization? ▶	<input type="checkbox"/> YES	<input type="checkbox"/> NO (IF "NO" PLEASE GO TO QUESTION 29)
28. Please list the name of each such organization.		
29. Have you ever been denied membership in a polygraph, scientific, or professional organization? ▶	<input type="checkbox"/> YES	<input type="checkbox"/> NO (IF "NO" PLEASE GO TO QUESTION 31)

30. For each occasion that you were denied membership to a polygraph, scientific, or professional organization, please explain the reason why such membership was denied.

PART VII. CRIMINAL HISTORY

31. Have you ever been charged with a crime? ▶ ☐ YES ☐ NO (IF "NO" PLEASE GO TO PART VIII)

32. For each crime with which you have been charged, please list the date on which you were charged, the crime with which you were charged, and the law enforcement agency involved.

33. Have you ever been convicted of a crime? ▶ ☐ YES ☐ NO (IF "NO" PLEASE GO TO PART VIII)

34. For each conviction, please list the date and place of conviction and the crime for which you were convicted.

PART VIII. CERTIFICATION STATEMENT

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE RESPONSES I HAVE PROVIDED IN THIS APPLICATION, AND ANY DOCUMENT SUPPLEMENTING THE APPLICATION, ARE FACTUALLY CORRECT.

I FURTHER UNDERSTAND -

1. THAT KNOWINGLY AND INTENTIONALLY MAKING ANY MISSTATEMENT OF FACT IN THIS APPLICATION IS GROUNDS FOR THE REJECTION OF MY APPLICATION FOR A POLYGRAPH EXAMINER LICENSE, AND MAY SUBJECT ME TO ADDITIONAL CIVIL AND/OR CRIMINAL PENALTIES;
2. IN ORDER TO MAKE A DETERMINATION OF WHETHER A POLYGRAPH EXAMINER LICENSE WILL BE ISSUED TO ME, THE DEPARTMENT OF PUBLIC SAFETY MAY REQUEST FURTHER INFORMATION FROM ME WITH RESPECT TO ANY RESPONSE I HAVE PROVIDED IN THIS APPLICATION OR IN ANY DOCUMENT SUPPLEMENTING THE APPLICATION. I ALSO UNDERSTAND THAT MY FAILURE TO PROVIDE SUCH FURTHER REQUESTED INFORMATION IS GROUNDS FOR THE REJECTION OF MY POLYGRAPH LICENSE APPLICATION.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____ .

NOTARY SIGNATURE